

GAU1713

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

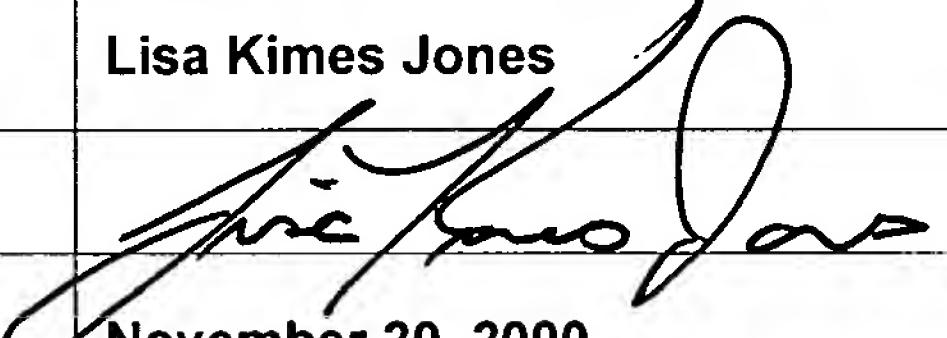
|  |   |                        |                         |
|--|---|------------------------|-------------------------|
|  |   | Application Number     | 08/986,696              |
|  |   | Filing Date            | December 8, 1997        |
|  |   | First Named Inventor   | Moses O. Jejelow et al. |
|  |   | Group Art Unit         | 1713                    |
|  |   | Examiner Name          | R. Rabago               |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 1997U001.US             |

## ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers<br>(for an Application)                            | <input type="checkbox"/> After Allowance<br>Communication to Group                               |
| <input checked="" type="checkbox"/> Preliminary Amendment / Response<br><b>Non-Fee Amendment</b> | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to<br>Board of Appeals and<br>Interferences        |
| <input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)       | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to<br>Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)<br>and Accompanying Petition       | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> To Convert a Provisional<br>Application                              | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input type="checkbox"/> Additional Enclosure(s)<br>(please identify below):                     |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)                               | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Postcard  |
| <input type="checkbox"/> Response to Missing Part/<br>Incomplete Application                     | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Parts   |   |  |

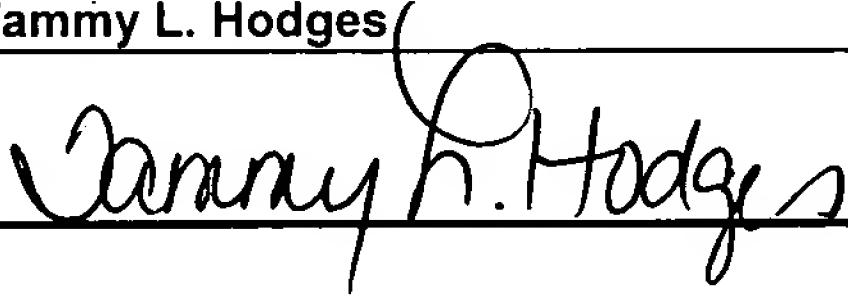
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |  |                  |
|-------------------------------|--|------------------|
| Firm<br>Or<br>Individual name | Lisa Kimes Jones   | Registration No. |
| Signature                     |  |                  |
| Date                          | November 20, 2000  |                  |

## CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: November 20, 2000

|                       |  |      |                   |
|-----------------------|--|------|-------------------|
| Typed or printed name | Tammy L. Hodges  |      |                   |
| Signature             |  | Date | November 20, 2000 |